2

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10942

Reg. Dist. No. 920

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
County: Cecil
City or town: Elkton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md
County: Cecil
City or town: Elkton
(If outside city or town limits, write RURAL and give nearest town)
Street No.: North & High Streets
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: Flora Howard Ash

3. (b) Social Security Number

4. Sex: Female
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Single
6.(b) Name of husband or wife
6.(c) If alive, give age ... years
7. Birth date of deceased (mo., day, yr.): Nov. 10, 1866

8. AGE:

Years	Months	Days	If less than one day
79	11	27	... hrs. ... min.

9. Birthplace: Elkton - Md
(Town, county, and state)
10. Usual occupation: None
11. Industry or business

FATHER
12. Name: Jacob B. Ash
13. Birthplace: Cecil Co. Md

MOTHER
14. Maiden name: Emily Francis Howard
15. Birthplace: Elkton - Md

16. Informant: Mollie H Ash - Sister
Address: Elkton - Md

17. burial — Date thereof: Nov 7 '46
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory: Elkton Cemetery
Location: Elkton

18. Funeral director: H W Rippin
Address: Elkton, Md

19. Nov 6 1946 — F R Frazer, Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 4 1946 at 5:10 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 3 1938 to Nov 4 1946
and that I last saw her alive on Oct 23 1946

	DURATION
Immediate cause of death: Chronic myocarditis (but dropped dead at dinner table)	unknown
Due to: Hemiplegia	8 yrs
Due to: General arteriosclerosis; some mental deterioration	unknown; 6 yrs
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ... Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ... Injured at work?

23. SIGNATURE: T. H. McKnight M.D.
M. D. or other
Address: Elkton - Md
Date signed: 11-4-1946

VS A15

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (31-6)

CERTIFICATE OF DEATH

Reg. Dist. No. 10943 92

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Cecil
City or town: Elkton Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 70 years
Hospital, institution, or street address where death occurred: 139 Collins Street
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Cecil
City or town: Elkton Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No. 139 Collins St
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Gadius E. Barthonothus

3.(b) Social Security Number 213-16-4625

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	married

6.(b) Name of husband or wife: Leola Barthonothus
B.(c) If alive, give age: 53 years

7. Birth date of deceased (mo., day, yr.): Sept 1, 1891

8. AGE: Years: 55 | Months | Days | If less than one day: hrs. min.

9. Birthplace: West Indies (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business

FATHER
12. Name: Alfred
13. Birthplace: West Indies

MOTHER
14. Maiden name: Betty
15. Birthplace: West Indies

16. Informant: Leola Barthonothus
Address: 139 Collins St, Elkton, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11 (month) 23 (day) 1946 (year)
Cemetery or crematory: Providence Cemetery
Location: Elkton Md.

18. Funeral director: Edw. R. Bell
Address: 909 Poplar St. Wilm. Del.

19. Nov 23 1946 (Date rec'd by registrar) F R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 19 1946, at 9 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 1, 1946 to Nov. 19 1946 and that I last saw h.i.m. alive on Nov. 18, 1946

Immediate cause of death	DURATION
Aortic Insufficiency	1 year.
Due to	
Due to	
Due to Chr. parenchymatous Nephritis	2 yrs
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE James L. Johnson M.D.
M. D. or other
Address: Elkton, Md. Date signed 11/20/46

1-35

10944

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 9r

1. PLACE OF DEATH:
County: Cecil
City or town: Elkton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 8 months
Hospital, Institution, or street address where death occurred:
214 E Main St
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Cecil
City or town: Elkton
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Biddle, George M.

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Florence Biddle
6.(c) If alive, give age: 69 years

7. Birth date of deceased (mo., day, yr.): April 6 1876

8. AGE:

Years	Months	Days	If less than one day
70	7	17	hrs. min.

9. Birthplace: Elkton Cecil Maryland
(Town, county, and state)
10. Usual occupation: Telegraph Operator
11. Industry or business:
FATHER 12. Name: Thomas E Biddle
13. Birthplace: Elkton Maryland
MOTHER 14. Maiden name: Rachel A Biles
15. Birthplace: - Pa -
16. Informant: Wm R Moody
Address 214 E Main St Elkton Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 26 1946 (month) (day) (year)
Cemetery or crematory: Elkton Cemetery
Location: Elkton Md
18. Funeral director: H W Lippin
Address: Elkton Md
19. Nov 26 1946 (Date rec'd by registrar) F R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 23 1946, at 1 00 P. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 6 1946 to Nov. 23 1946 and that I last saw him alive on November 22 1946

Immediate cause of death	DURATION
Cardiac Failure	
Due to: Valvular Heart disease and Arteriosclerosis	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings at operation: Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: McLeod N. Sprecher, M.D. M. D. or other
Address: Elkton, Maryland Date signed: Nov. 23.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (18)

CERTIFICATE OF DEATH

★ 10945

Reg. Dist. No. 92 0

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Cecil
City or town: Elkton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 30 days
Hospital, institution, or street address where death occurred: Elkton Hosp, Elkton Md
How long in hospital or institution? 30 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Cecil
City or town: Principio Furnace
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Joanne Eleanor Bourg.

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	White	Single

6.(b) Name of husband or wife

6.(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Oct 9, 1946

8. AGE: Years | Months: 1 | Days: 0 | If less than one day: ____ hrs. ____ min.

9. Birthplace: Principio Furnace Cecil Co Md (Town, county, and state)

10. Usual occupation: child

11. Industry or business

MOTHER FATHER
12. Name: Alfred O Bourg.
13. Birthplace: Balto, Md.

MOTHER
14. Maiden name: Eleanor L Jackson
15. Birthplace: Principio Furnace, Md

16. Informant: Eleanor Bourg
Address: Principio Furnace, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11-11-46 (month) (day) (year)
Cemetery or crematory: Principio Cemetery
Location: Principio Furnace, Md.

18. Funeral director: Lee A Patterson & Son
Address: Perryville Md.

19. Nov 11, 1946 (Date rec'd by registrar) F R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 10 1946 at 8:20 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10-10 1946 to 11-10 1946 and that I last saw h alive on 11-10-46 1946

Immediate cause of death	DURATION
Premature	
Pneumonia	
Due to: Peritonitis	
Due to:	
Other conditions	

(Includn pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underlinn the cause to which death should bn charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, todustry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: H L Donaldson Death
M. D. or other
Address: Elkton Md Date signed 11/10-46

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (75)

CERTIFICATE OF DEATH

1946

Reg. Dist. No. 950

1. PLACE OF DEATH:
County: Cecil
City or town: Rural
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Cecil
City or town: Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Elizabeth W. Brown

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	W.	Single

B (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Nov 16 1870

8. AGE: Years: 76 | Months | Days | If less than one day: hrs. min.

9. Birthplace: Calvert Maryland
(Town, county, and state)

10. Usual occupation: Companion

11. Industry or business

FATHER
12. Name: Ellis Brown
13. Birthplace: Calvert Md,

MOTHER
14. Maiden name: Edith M. Hoopes
15. Birthplace: Penna.

16. Informant: Winter D. Brown.
Address: Nottingham. Pa. R.F.D#1.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 4th-46 (month) (day) (year)
Cemetery or crematory: Rose Bank Calvert Md,
Location

18. Funeral director: J. E. Lyons
Address: Rising Sun Md,

19. Dec 2 1946 (Date rec'd by registrar) Registrar

Permit issued 12-2-46

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov -30 1946 at 2P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 9 1945, to Nov. 30 1946 and that I last saw h-- alive on Nov. 29 1946

Immediate cause of death	DURATION
Cardio Pulmonary Heart Decompensation	1 hr.
Due to Coronary Thrombosis	?
Due to Arteriosclerosis-Hypertension	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: F. E. Eyler M. D.
M. D. or other
Address: Oxford, Pa. Date signed 12/3/46

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

2 * 10947

Reg. Dist. No. 920

1. PLACE OF DEATH:
County: Cecil
City or town: Elkton Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 4 days
Hospital, Institution, or street address where death occurred: Union Hospital
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Cecil
City or town: Elkton, Md
(If outside city or town limits, write RURAL and give nearest town)
Street No. 129 W. High St.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Catherine Delp.

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	Wh.	Widowed

6.(b) Name of husband or wife: Robert Delp.
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): April 17, 1860.

8. AGE: Years	Months	Days	If less than one day
86	6	20	..... hrs. ..... min.

9. Birthplace: Cloring, Pa
(Town, county, and state)
10. Usual occupation: at Home
11. Industry or business

FATHER
12. Name: William Fawkhead
13. Birthplace: Pa

MOTHER
14. Maiden name: Mary Jane Spangler
15. Birthplace: Pa

16. Informant: Francis G. Hultsch
Address: 129 W. High St Elkton, Md
17. Removal (Burial, cremation, or removal. Which?) Date thereof: Nov. 6/46 (month) (day) (year)
Cemetery or crematory
Location: Kane, Pa
18. Funeral director: H. W. Lippincott
Address: Elkton, Md
19. Nov 6 1946 F H Frazer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 5 1946, at 5:40 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 28 1946, to Nov. 5 1946, and that I last saw h.. alive on Nov. 4 1946

Immediate cause of death	DURATION
Uremia	Nov. 1/46
Due to: Cardio-vascular-renal disease	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

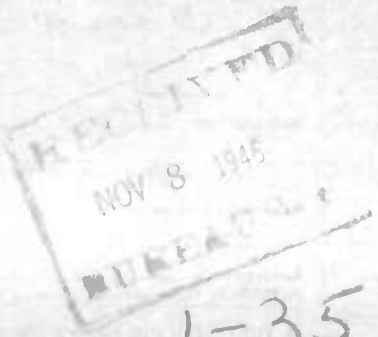
22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ..... Injured at work?

23. SIGNATURE: Howard W. Loveley M. D. or other
Address: Elkton, Md Date signed Nov. 6, 1946

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING



1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (H&V)

CERTIFICATE OF DEATH

10948

Reg. Dist. No. 920

1. PLACE OF DEATH:
County: Cecil
City or town: Elkton, Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 12 hrs.
Hospital, institution, or street address where death occurred: Union Hospital
How long in hospital or institution? 12 hrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Cecil
City or town: Chesapeake City
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Ann Flink

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	Wh	Married

6.(b) Name of husband or wife: Harry Flink
6.(c) If alive, give age: 30 years

7. Birth date of deceased (mo., day, yr.): November 17, 1919

8. AGE: Years	Months	Days	If less than one day
27	11	20	...hrs. ...min.

9. Birthplace: Luzerne, Pa (Town, county, and state)
10. Usual occupation: At Home
11. Industry or business

FATHER
12. Name: Stephen Blendy
13. Birthplace: Galicia

MOTHER
14. Maiden name: Tekla Celoric
15. Birthplace: Galicia

16. Informant: Michael Blendy
Address: Chesapeake City, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 9/46 (month) (day) (year)
Cemetery or crematory: St Rose Catholic
Location: Chesapeake City, Md

18. Funeral director: Hoy Lippincott
Address: Elkton, Md

19. Nov 5 1946 (Date rec'd by registrar) F R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 6 1946 at 2.29 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
May 1946, to Nov 6 1946
and that I last saw h.. alive on Nov 6 1946

	DURATION
Immediate cause of death: Hemorrhage	2 hours
Due to: Placenta Previa	
Due to: Pregnancy	9 mos.
Other conditions: Pregn. (Include pregnancy within 3 months of death)	Fetus

Delivered 10.40 am Nov. 6, 1946.
Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: H. J. Davis M.D. M. D. or other
Address: Chesapeake City Md. Date signed 11/8/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1-35

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

*10942 Reg. Dist. No. 910

1. PLACE OF DEATH:
County: Cecil
City or town: Chesapeake City
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1 mo. at lifetime
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Cecil.
City or town: Chesapeake City
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Marlin M Freet.
3. (b) Social Security Number 221-08-9883

4. Sex: M
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Married
6.(b) Name of husband or wife: Evelyn Freet
6.(c) If alive, give age 41 years
7. Birth date of deceased (mo., day, yr.): Dec. 8. 1900
8. AGE: Years 45 Months 11 Days 18. If less than one day ... hrs. ... min.
9. Birthplace: Chesapeake City Md (Town, county, and state)
10. Usual occupation: Dredge Engineer
11. Industry or business
FATHER 12. Name: John Freet.
13. Birthplace: Pa.
MOTHER 14. Maiden name: Mary Hines
15. Birthplace: Ireland
16. Informant: Chas. S Freet.
Address: Chesapeake City Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov 29 1946 (month) (day) (year)
Cemetery or crematory: Bethel Cemetery
Location: Chesapeake City R D
18. Funeral director: H W Pippin
Address: Elkton Md
19 November 29 1946 (Date rec'd by registrar) Mrs Bradford H. Bell Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 26 1946, at 4 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ... 19..., to ... 19...
and that I last saw h... alive on ... 19...
Immediate cause of death: Coronary Thrombosis — DURATION
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ... Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ... Injured at work?

23. SIGNATURE: R. C. Dodson MD — Medical Examiner for Cecil County — M. D. or other
Address: Rising Sun Md Date signed: 11-27-46

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (21)

CERTIFICATE OF DEATH

2 ★ 10950

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Cecil
City or town: Port Deposit
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 4 Months
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Cecil
City or town: Chesapeake City
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Robert J. Du Hammel -

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	widowed

6.(b) Name of husband or wife: Mary Celtice Du Hammel
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Feby 28 1867

8. AGE:

Years	Months	Days	If less than one day
79	8	8	hrs. min.

9. Birthplace: Earleville Cecil md
(Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business:
FATHER 12. Name: John T. Du Hammel
13. Birthplace: Earleville Md
MOTHER 14. Maiden name: Lydia Haynie
15. Birthplace: Earleville Maryland
16. Informant: Ada Nabb
Address: Newark Delaware
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov 8 1946 (month) (day) (year)
Cemetery or crematory: Bethel Cemetery
Location: Chesapeake City RD 2
18. Funeral director: H. W. Pierce
Address: Elkton Md
19. Nov 6 1946 Irene E. Daugherty Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 5 1946 at 2 a. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 10 1946 to Nov 3 1946 and that I last saw h[illegible] alive on Nov 3 1946

	DURATION
Immediate cause of death: Chronic Myocarditis	10 yrs
Due to: Chronic Endocarditis	10 yrs
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: E. J. Broom, M.D.
M. D. or other
Address: Port Deposit Md
Date signed: 11/5/46

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (14a)

CERTIFICATE OF DEATH

★ 10951

Reg. Dist. No. 950

1. PLACE OF DEATH:

County Cecil

City or town Port Deposit Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Cecil

City or town Port Deposit. Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Russell Lee Hammer

3.(b) Social Security Number 229-05-8067

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife Myrtle Hammer

6.(c) If alive, give age 37 years

7. Birth date of deceased (mo., day, yr.) June. 26 1897

8. AGE:

Years	Months	Days	If less than one day
49	4	13	...hrs. ...min.

9. Birthplace Elkton, Va (Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business

FATHER — 12. Name Henry B. Hammer

FATHER — 13. Birthplace Elkton Va.

MOTHER — 14. Maiden name Margaret Mesica

MOTHER — 15. Birthplace Elkton. Va.

16. Informant Mrs. Myrtle Hammer

Address Port Deposit. Md. R. F. D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 12-1946 (month) (day) (year)

Cemetery or crematory West Nottingham

Location Colora Md.

18. Funeral director J. E. Tyson.

Address Rising Sun Md.

19. Nov 11- 46 (Date rec'd by Registrar) 19 Nov 11-46 Registrar

L M Worthington

Permit issued

MEDICAL CERTIFICATION

20. DATE OF DEATH November 9 19 46 at 6 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ...19..., to ...19...

and that I last saw h...alive on ...19...

Immediate cause of death	DURATION
Strangulation	
Due to Hanging	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operation

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide? Suicide Date of 11-9-46

Where did injury occur? Colora Cecil Md (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury Hanging Rope Injured at work?

23. SIGNATURE R C Dodson MD Medical Examiner Cecil County

Address Rising Sun Md. M. D. or other

Date signed 11-10-46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

2

10952

Reg. Dist. No. 960

1. PLACE OF DEATH:
County: Cecil
City or town: Bainbridge, Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Since 29 Jan. 1946
Hospital, institution, or street address where death occurred:
U.S.N. Hosp. N.T.C. Bainbridge, Md.
How long in hospital or institution? Since 29 Jan. 1946

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Texas County: Dallas
City or town: (If outside city or town limits, write RURAL and give nearest town)
Street No.: Route #6 Box 123 (If rural, give LOCATION)
2.(a) If veteran, name war: Veteran (S) ✓

3.(a) FULL NAME: Orie Leonard HILL

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Negro	Single

6.(b) Name of husband or wife:
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): 3-18-27

8. AGE: Years	Months	Days	If less than one day
19	7	16	hrs. min.

9. Birthplace: Eastpoint, Louisana (Town, county, and state)
10. Usual occupation: Steward's Mate U.S. Navy
11. Industry or business

FATHER
12. Name: Leimul H. Hill
13. Birthplace: Ringgold, La.

MOTHER
14. Maiden name: Georgia L. Crayton
15. Birthplace: Ringgold, La.

16. Informant: Naval Hospital Records
Address: USNH, NTC, Bainbridge, Md.

17. Removal (Burial, cremation, or removal. Which?) Date thereof 11-6-46 (month) (day) (year)
Cemetery or crematory:
Location: Ringgold, La.
18. Funeral director: Ed A. Patterson & Son.
Address: Perryville, Md.

19. Nov 6 1946 (Date rec'd by registrar) Irene E. Dougherty Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 4 Nov. 1946, 19 46, at 9:35 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1946 to Nov 1946 and that I last saw him alive on 4 November 1946

Immediate cause of death	DURATION
Respiratory failure	1 week
Due to Tuberculari[illegible] pneumonia	2 mos.
and Chylothorax	1 mo.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major fiodiogs of operatioos: Empyema Date of op. March 46
Autopsy results: Generalized Tuberculosis
PHYSICIAN: Please underlioe the caose to which death shoold be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

26. SIGNATURE: J.H. KELLER Comdr. (MC) USN M. D. or other
Address: U.S.N.H. Bainbridge Md. Date signed: 11-5-46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1-35

Evidence for the change of place of residence is shown on

STATE OF MARYLAND—CERTIFICATE OF DEATH

10953

1. PLACE OF DEATH G 108 1/29/47 (83a)

County Cecil Registration Dist. No. 900

Village or City Ceciltón No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mamie Jackson If U. S. Veteran, specify WAR

(a) Residence: No. Ceciltón, Maryland St., Ward.

Ceciltón (Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	Colored	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Jackson

6. DATE OF BIRTH (month, day, and year) Feb 26-1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Home - Cook

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Ceciltón, Md. (State or country)

FATHER

13. NAME Abraham Anderson

14. BIRTHPLACE (city or town) Md. (State or country)

MOTHER

15. MAIDEN NAME Martha Anderson?

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Walter Ruley - Ceilton, Md. (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Ceilton Data Dec 2, 1946

19. UNDERTAKER Austin L. Caulk (Address) 109 Tobe St - Middletown, Del.

20. FILED Dec 2, 1946 Mrs. Hazel W. Cheyney Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov (Month) 27 (Day) 1946 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Nov - 14, 1946, to Nov - 27, 1946

I last saw h— alive on Nov 26, 1946; death is said to have occurred on tha data stated above, at 3.45 A. m.

The PRINCIPAL CAUSE OF DEATH and related ceuses ot importance ware as tollows:

	Date of onset
Cerebral apoplexy	Nov 13 46.
Hemiplegia	
Other Contributory Causes of importance:	
Generale Arterio-sclerosis	?

Name of operation — Data ot

What test confirmed diagnosis? — Was thera an au'opsy?

23. It death was dua to axtarnal causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Wes diseese or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Dorsey W. Lewis - M. D.

(Address) Middletown - Del.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED DEC 7 1946 BUREAU OF

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2

CERTIFICATE OF DEATH

10954

Reg. Dist. No. 920

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:
County: Cecil
City or town: Elkton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 7 days
Hospital, institution, or street address where death occurred:
Union Hospital
How long in hospital or institution? 7 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Cecil
City or town: North East
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Hiriam Jones

3.(b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widower

6.(b) Name of husband or wife: Elizabeth Mosher
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): July 2 - 1862

8. AGE: Years: 84 | Months: 4 | Days: 19 | If less than one day: ..... hrs. ..... min.

9. Birthplace: North East, Md (Town, county, and state)
10. Usual occupation: Railroad trackman
11. Industry or business: P.R.R.

FATHER
12. Name: James Jones
13. Birthplace: Cecil Co

MOTHER
14. Maiden name: Elizabeth Mosher no information
15. Birthplace: Cecil Co

16. Informant: Deceased
Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov 24-46 (month) (day) (year)
Cemetery or crematory: methodist
Location: north East
18. Funeral director: Joseph R Grant
Address: North East Md
19. Nov 22 1946 (Date rec'd by registrar) F K Frazer (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 21 - 1946, at 4:45 a M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Nov 14 1946, to Nov 21 1946
and that I last saw him alive on Nov 20 1946

	DURATION
Immediate cause of death: Chronic myocarditis about	3 yrs
Due to: General arterio sclerosis	unknown
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE: W. H. McKnight M. D. or other
Address: Elkton - Md Date signed: 11/21/46

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (22)

CERTIFICATE OF DEATH

★ 10955

Reg. Dist. No. 92

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:

County: Cecil

City or town: Elkton (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street, address where death occurred: Union Hospital

How long in hospital or institution? 4 days

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Oregon County:

City or town: Portland (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war: —

3.(a) FULL NAME: Adeline Judd

3.(b) Social Security Number: —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6.(b) Name of husband or wife: Orien Judd

6.(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): — 1866

8. AGE: Years: 80 Months: — Days: — If less than one day: hrs. min.

9. Birthplace: Hazelton Pennsa (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

FATHER — 12. Name: Martin Englehart

13. Birthplace: no record

MOTHER — 14. Maiden name: Anna M. Diarth

15. Birthplace: no record

16. Informant: Gertrude Hilbert

Address: Charlestown Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov 27-1946 (month) (day) (year)

Cemetery or crematory: Charlestown

Location: Charlestown Md

18. Funeral director: Joseph R Grant

Address: North East Md

19. Nov 27 1946 (Date rec'd by registrar) F R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 24 1946 at 9 05 p. M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from September 1946 to Nov. 24 1946

and that I last saw h.er alive on Nov. 24 1946

Immediate cause of death	DURATION
Acute Intestinal obstruction	Hrs. 20
Due to: Hernia Strangd —	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: O. N. Sprecley M. D. or other

Address: Elkton Md Date signed: Nov. 24

1- 35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10956

Reg. Dist. No. 96 O

1. PLACE OF DEATH:

County: CECIL

City or town: Perry Point, Maryland (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 mo. 2 days

Hospital, Institution, or street address where death occurred:
Veterans Administration Hospital
Perry Point, Md.

How long in hospital or institution? Unknown

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Ohio County:

City or town: Toledo (If outside city or town limits, write RURAL and give nearest town)

Street No. 2517 Auburn Street (If rural, give LOCATION)

2.(a) If veteran, name war: WW-I

3.(a) FULL NAME: KENNEDY, Frank J.

3.(b) Social Security Number: Unknown

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	White	Married

6.(b) Name of husband or wife: Marie Kennedy

6.(c) If alive, give age: years

7. Birth date of deceased (mo., dsy, yr.): August 12, 1898

8. AGE: Years	Months	Days	If less than one day
48	3	6	hrs. min.

9. Birthplace: Unknown (Town, county, and state)

10. Usual occupation: Clerk

11. Industry or business:

FATHER
12. Name: Unknown
13. Birthplace: Unknown

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown

16. Informant: Hospital Records
Address: Veterans Administration Hospital, Perry Point, Maryland

17. Removal (Burial, cremation, or removal. Which?) Date thereof: Nov. 20, 1946 (month) (day) (year)

Cemetery or crematory: Baltimore National Cemetery

Location: Baltimore, Maryland

18. Funeral director: Pennington & Son

Address: Havre de Grace, Md.

19. Nov. 21 1946 (Date rec'd by registrar) Irene E. Dougherty Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 18 1946 at 7:35 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 16 1946, to November 18, 1946 and that I last saw him alive on November 18 1946

Immediate cause of death	DURATION
Meningo vascular syphilis	Unknown
Due to:	
Due to:	
Other conditions: Ureteral calculi, with infection, right (Include pregnancy within 3 months of death)	

Major findings of operations: --

Date of op.:

Autopsy results: Same as above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: --- Date of:

Where did injury occur? -- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): pp

Means of injury: -- Injured at work?

23. SIGNATURE: V. J. COVALESKY, M.D., Clinical Director (M. D. or other)

Address: Perry Point, Md. Date signed: 11-20-46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 450

CERTIFICATE OF DEATH

10957

Reg. Dist. No. 950

1. PLACE OF DEATH:
County: Cecil
City or town: Conowingo Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Cecil
City or town: Conowingo Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION) No. 1
2.(a) If veteran, name war

3.(a) FULL NAME: Katharine Elizabeth Lockhart

3.(b) Social Security Number

4. Sex: Female
5. Color or race: White
6.(a) Single, married, ~~widowed, divorced~~: Married
6.(b) Name of husband or wife: Alive
C. Luther Lockhart
If married, widowed, or divorced, give age: years
7. Birth date of deceased (mo., day, yr.): March 13, 1910

8. AGE: Years: 36 Months: 8 Days: 2 If less than one day: hrs. min.

9. Birthplace: Cecil Co., Md (town, county, and state)
10. Usual occupation: Clerk
11. Industry or business

FATHER
12. Name: Daniel E. Keen
13. Birthplace: Lancaster Co., Pa.

MOTHER
14. Maiden name: Susan Montgomery
15. Birthplace: Chester Co., Pa.

16. Informant: Mrs. Daniel E. Keen
Address: Conowingo, Md. R. D.
17. ~~Burial~~, ~~cremation~~, ~~removal~~: Burial Date thereof: Nov. 19, 1946 (month) (day) (year)
Cemetery: Dublin Cem.,
Location: Harford Co., Md.
18. Funeral director: H. S. Bailey
Address: Darlington, Md.
19. (Date rec'd by registrar) Nov 16 1946 H. M. McMunigal Registrar

Permit issued Nov 16 46

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 15 1946, at 6 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 15 1946 to Nov 15 1946 and that I last saw her alive on Nov 15 1946

	DURATION
Immediate cause of death: Carcinoma of Cervix Cancer Peritonitis	2 yrs
Due to:	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: C. T. Snodgrass M. D. or other
Address: Darlington Md. Date signed: 11/16/46

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1-2 J

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

2

10958

Reg. Dist. No. 740

1. PLACE OF DEATH:

County: Cecil

City or town: North East Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Lifetime

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Cecil

City or town: North East
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Julia W. Lunn

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife: Jesse Lunn

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): April 1 1859

8. AGE: Years: 87 | Months: 7 | Days: 2 | If less than one day: ..... hrs. ..... min.

9. Birthplace: North East Rural Cecil Co, Md
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Benjamin Mauldin
13. Birthplace: Md

MOTHER
14. Maiden name: Martha Clark
15. Birthplace: Md

18. Informant: Mrs Jessi Lunn
Address: North East Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11-6-46 (month) (day) (year)

Cemetery or crematory: Methodist

Location: North East Md

18. Funeral director: Joseph A Grant

Address: North East, Md

19. 11-6-1946 (Date rec'd by registrar) Lida F. Evans Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 3 1946, at 10:40 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 10 1946 to Nov 3 1946 and that I last saw her alive on Nov. 3 1946

Immediate cause of death: Myocarditis — DURATION: 1 yr.

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: C B Caccamise M. D. or other

Address: North East Md. Date signed 11.5.'46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10960

Reg. Dist. No. 960

1. PLACE OF DEATH:
County: Cecil
City or town: Perryville, Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Cecil
City or town: Perryville, Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: Harriett L. Magraw

3. (b) Social Security Number

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Single
6. (b) Name of husband or wife
6. (c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.): Oct 18, 1878
8. AGE: Years: 68 Months: 1 Days: 2 If less than one day ..... hrs. ..... min.
9. Birthplace: Cecil co., Md (Town, county, and state)
10. Usual occupation: House wife
11. Industry or business
FATHER 12. Name: Dr. James M. Magraw
13. Birthplace: Harford co. Md.
MOTHER 14. Maiden name: Katherine Stumpf
15. Birthplace: Cecil Co. Md.
18. Informant: Mrs. James F. Magraw
Address: Perryville, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 22 1946 (month) (day) (year)
Cemetery or crematory: West Nottingham
Location: Colora, Md.
18. Funeral director: Lee A. Patterson & Son
Address: Perryville, Md.
19. Nov. 21 1946 (Date rec'd by registrar) Irene E. Douglas Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 20 1946 at 6 9 M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 1 1946 to Nov 20 1946
and that I last saw h... alive on Nov 1 1946

Immediate cause of death	DURATION
Chronic Valvular Heart Disease	10 yrs
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, Industry, public place (where?)
Means of injury Injured at work?

28. SIGNATURE: J. F. Magraw M. D. or Other
Address: Perryville Md Date signed Nov 21 46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

★ 10959

Reg. Dist. No. 92

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:
County: Cecil
City or town: Elkton Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 5 yrs
Hospital, Institution, or street address where death occurred: Cecil County Alms House
How long in hospital or institution? 5 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Cecil
City or town: Elkton Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No.:
(If rural, give LOCATION)
2.(a) If veteran, name war:

3. (a) FULL NAME Alfred Marfleete

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	White	

6.(b) Name of husband or wife:
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): 1866

8. AGE: Years 80 | Months | Days | If less than one day: hrs. min.

9. Birthplace: England.
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business:

FATHER
12. Name: no information
13. Birthplace: "

MOTHER
14. Maiden name: "
15. Birthplace: "

16. Informant: B. H. Crouch Supt.
Address: Elkton Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Nov 20 1946
(month) (day) (year)
Cemetery or crematory: Elkton Cemetery
Location: Elkton Md

18. Funeral director: H. W. Pippin
Address: Elkton Md

19. Nov 19 1946
(Date rec'd by registrar)
F. K. Frazer
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 18 1946 at 8 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Acute Heart Failure	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: P. L. Woolard M.D.
Medical Examiner
Cecil County
Address: Rising Sun Md M. D. or other
Date signed: 11-15-46

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83a)

10961

CERTIFICATE OF DEATH

Reg. Dist. No. 950

1. PLACE OF DEATH:

County: Cecil

City or town: Colora Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 years.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Cecil

City or town: Colora. Rural
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Phoebe Anne McCrea

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	widowed

6.(b) Name of husband or wife: John McCrea

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Dec. 3. 1866

8. AGE: Years	Months	Days	If less than one day
79	11	8	..... hrs. ..... min.

9. Birthplace: Port Deposit. Md.
(Town, county, and state)

10. Usual occupation: Retired

11. Industry or business

FATHER — 12. Name: James Baird

FATHER — 13. Birthplace: Md.

MOTHER — 14. Maiden name: — Jemes

MOTHER — 15. Birthplace: Md.

16. Informant: Mrs. Clarence Dare

Address: Rising Sun. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: NOV. 15. 1946 (month) (day) (year)

Cemetery or crematory: Hopewell

Location: near Port Deposit. Md.

18. Funeral director: J. E. Dixon

Address: Rising Sun. md.

19. NOV 12 46 (Date rec'd by registrar) Registrar

Permit issued 11-12-46

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 11 1946 at 7 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11-9 1946, to 11-11 1946

and that I last saw h.. alive on 11-10 1946

Immediate cause of death	DURATION
Cerebral Hemorrhage.	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operation: ..... Date of op. .....

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: R. L. Woodcock M.D. M. D. or other

Address: Rising Sun Md. Date signed: 11-12-46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

I-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96 10962

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:

County: CECIL

City or town: Veterans Administration Hospital, Perry Point, Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 yrs. 5 mos. 11 days

Hospital, Institution, or street address where death occurred:
Veterans Administration Hospital, Perry Point, Md.

How long in hospital or institution? Jan. 1, 1943

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: PENNA County:

City or town: Apollo
(If outside city or town limits, write RURAL and give nearest town)

Street No. RD #1
(If rural, give LOCATION)

2.(a) If veteran, name war: WW-II

3.(a) FULL NAME: MILLER, William D.

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Single

6.(b) Name of husband or wife: --

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): March 6, 1922

8. AGE: Years	Months	Days	If less than one day
24	8	13	hrs. min.

9. Birthplace: Markle, Pa. (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business:

FATHER 12. Name: William Thompson Miller - deceased

FATHER 13. Birthplace: Unknown

MOTHER 14. Maiden name: Martha Crooks

MOTHER 15. Birthplace: Unknown

16. Informant: Hospital records, VA Hospital, Perry Point, Md.
Address

17. Removal (Burial, cremation, or removal. Which?) Date thereof: Nov. 20, 1946 (month) (day) (year)

Cemetery or crematory: Greenwood Memorial Cemetery

Location: Westmoreland Co., Pa.

18. Funeral director: Pennington & Son
Address: PENNINGTON & SON, Havre de Grace, Md.

19. Nov 20 1946 (Date rec'd by registrar) Irma E. Dunphy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 19, 1946, at 1:35 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 8, 1943 to Nov. 19, 1946 and that I last saw him alive on November 19, 1946

Immediate cause of death	DURATION
Bronchopneumonia	4 days
Due to:	
Due to:	
Other conditions: General paresis (Include pregnancy within 3 months of death)	Over 2 yrs

Major findings of operations: --

Date of op.:

Autopsy results: --

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: -- Date of:

Where did injury occur? -- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): --

Means of injury: -- Injured at work?

23. SIGNATURE: L. J. COVALESKY, M.D., Actg. Clin. Director (M. D. or other)

Address: Veterans Administration, Perry Point, Md. Date signed: 11-19-46

1-35

2

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

10963

Reg. Diat. No. 940

1. PLACE OF DEATH:

County: Cecil

City or town: North East
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Cecil

City or town: North East Md
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Joseph H. Ray

3.(b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Single

6.(b) Name of husband or wife

6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 4 1874

8. AGE: Years 72 Months 5 Days 1 If less than one day ... hrs. ... min.

9. Birthplace Alford Rural Chest Co., Pa
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name George Ray

13. Birthplace Kentucky

MOTHER 14. Maiden name Hester Smith

15. Birthplace Penna

16. Informant Mrs Robert Winn

Address North East Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11-8-46 (month) (day) (year)

Cemetery or crematory Reds Cemetery

Location North East Md

18. Funeral director Joseph R Grant

Address North East, Md

19. 11-6 19 46 Linda L. Greene
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 5 19 46, at 7 30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 26 19 46 to Nov 6 19 46 and that I last saw him alive on Nov 1, 19 46

Immediate cause of death	DURATION
Coronary regurgitation	2 mos.
Due to Chr. Myocarditis	4 yrs
Due to	
Other conditions Chr. Interstitial Nephritis	

(Include pregnancy within 3 months of death)

Major findings of operations — Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James L. Johnson M.D.
M. D. or other

Address Elkton, Md. Date signed Nov 6, 1946

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

★ Reg. Diat. No. 10964 9 20

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Cecil

City or town: Elkton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 days

Hospital, institution, or street address where death occurred: Union Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Cecil

City or town: Cecilton

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME John H. Reed

3.(b) Social Security Number 214-20-9443

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Black	Single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) April 7, 1876

8. AGE: Years	Months	Days	If less than one day
70	7	0	..... hrs. ..... min.

9. Birthplace Cecilton (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name William Reed

FATHER 13. Birthplace Cecilton, Md

MOTHER 14. Maiden name No Information

MOTHER 15. Birthplace

16. Informant Daniel Cooper

Address 119 Bells Lane Elkton Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 11 '46 (month) (day) (year)

Cemetery or crematory Elkton Col. Cemt

Location Elkton, Md

18. Funeral director H. W. Pepper

Address Elkton, Md

19. Nov 11 1946 (Date rec'd by registrar) E. H. Frazer (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 7th 1946, at 5.50 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 4th 1946, to Nov 7th 1946, and that I last saw h... alive on Nov 7- 1946

Immediate cause of death	DURATION
Coronary thrombosis	about 7 days
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E. H. Douglass M. D. or other

Address Elkton Md Date signed 11/12/46

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10965

45-a

Reg. Dist. No. 92

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH:

County: Cecil

City or town: Elkton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? ~~8 mos~~ 8 years

Hospital, institution, or street address where death occurred: Union Hosp.

How long in hospital or institution? 8 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Cecil

City or town: Elkton

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Cecelia Mayce Rigney

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	married

6.(b) Name of husband or wife: Randolph W Rigney

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): July 5 1907

8. AGE:

Years	Months	Days	If less than one day
39	4	12	..... hrs. ..... min.

9. Birthplace: Mt Sterling Illinois (Town, county, and state)

10. Usual occupation: At Home

11. Industry or business

FATHER

12. Name: Wm D Sprouse

13. Birthplace: Mt Sterling Ill

MOTHER

14. Maiden name: Lillian May Young

15. Birthplace: Mt Sterling Ill

16. Informant: Verna Kathern Sprouse

Address: 302 S Asaph St Alexandria Va

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 19 1946 (month) (day) (year)

Cemetery or crematory: Elkton Cemetery

Location: Elkton Md

19. Funeral director: J C W Pippin

Address: Elkton Md

19. Nov 19 1946 (Date rec'd by registrar) F R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 10/17 1946, at 9 00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9/10 1945 to 11/17 1946

and that I last saw h.. alive on 11/16 1946

Immediate cause of death	DURATION
Carcinoma of cervix uteri	1 Year
Due to	
Due to	
Other conditions Metastasis Carcinoma	1 Yr

(Include pregnancy within 3 months of death)

Major findings of operations: Carcinoma of cervix with Metastasis Date of op. 10/7/46

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: H V Davis M.D. M. D. or other

Address: Chesapeake City Md Date signed 11/17/46

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:

County: CECIL

City or town: Veterans Administration, Perry Point, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 21 yrs. 4 mos. 17 days

Hospital, institution, or street address where death occurred:
Veterans Administration Hospital, Perry Point, Md.

How long in hospital or institution? Since June 20, 1918

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Baltimore
(If outside city or town limits, write RURAL and give nearest town)

Street No. 2419 Orleans Street
(If rural, give LOCATION)

2.(a) If veteran, name war: P.T. and WW-I

3. (a) FULL NAME: SCHWEITZER, Arthur

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife: ////////

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): October 26, 1886

8. AGE: Years	Months	Days	If less than one day: hrs.	min.
60	0	18		

9. Birthplace: Baltimore, Maryland
(Town, county, and state)

10. Usual occupation: Boiler maker

11. Industry or business

FATHER
12. Name: George Schweitzer - deceased
13. Birthplace: Germany

MOTHER
14. Maiden name: Louisa Golant - deceased
15. Birthplace: Germany

16. Informant: Hospital Records, Veterans Hospital,
Address: Perry Point, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 18, 1946 (day) (year)

Cemetery or crematory: St. Paul's Cemetery

Location: Kingsville, Maryland

18. Funeral director: John A. Miller
Address: JOHN A. MILLER
2334 Jefferson Street
Baltimore, Md.

19. Nov. 15 1946 (Date rec'd by registrar) Irene E. Dougherty Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 14 1946, at 6:00 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 27 1925, to Nov. 14 1946 and that I last saw him alive on November 14 1946

Immediate cause of death	DURATION
Bronchopneumonia	4 days
Due to	
Due to	
Other conditions: General Paralysis, cerebral type (Include pregnancy within 3 months of death)	Over 20 yrs.

Major findings of operations: --

Date of op.

Autopsy results: --

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: -- Date of

Where did injury occur? -- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) --

Means of injury -- Injured at work?

23. SIGNATURE: A. E. Trollinger (M. D. or other)

Address: Veterans Administration, Perry Point, Md. Date signed: 11-15-46

A. E. TROLLINGER, M.D., Clinical Director

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10967

Reg. Diat. No. 96 0

1. PLACE OF DEATH:

County: CECIL

City or town: Perry Point, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 yr. 4 mos. 17 days

Hospital, Institution, or street address where death occurred:
Veterans Administration Hospital, Perry Point, Md.

How long in hospital or institution? Same as above

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Baltimore
(If outside city or town limits, write RURAL and give nearest town)

Street No. 4643 Falls Road
(If rural, give LOCATION)

2.(a) If veteran, name war: WW-II ✓

3.(a) FULL NAME: SCOTT, Elisha B.

3.(b) Social Security Number: Unknown

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Negro	Married

6.(b) Name of husband or wife: Armenia Smith

6.(c) If alive, give age: 45 years

7. Birth date of deceased (mo., day, yr.): October 14, 1895

8. AGE:

Years	Months	Days	If less than one day
51	1	11	...hrs. ...min.

9. Birthplace: Melville, Maryland
(Town, county, and state)

10. Usual occupation: Unknown

11. Industry or business:

FATHER — 12. Name: Elisha B. Scott, Sr.

13. Birthplace: Davisville, Md.

MOTHER — 14. Maiden name: Harriet E. Edwards

15. Birthplace: Baltimore Co., Md.

16. Informant: Hospital Records, VAH, Perry Point, Maryland
Address

17. Removal (Burial, cremation, or removal. Which?) Date thereof Nov. 25, 1946 (month) (day) (year)

Cemetery or crematory:

Location: Baltimore Co., Md.

18. Funeral director: J. P. Linberry (C. M.)
Address: J. P. LINBERRY 519 W. Mosher St., Baltimore, Md.

19. Nov. 25 1946 (Date rec'd by registrar) Irene E. Langford (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 25 1946 at 1:00 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 8 1945, to November 25 1946 and that I last saw him alive on November 25 1946

Immediate cause of death	DURATION
General paresis complicated by terminal status epilepticus	Unknown
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: --

Date of op.:

Autopsy results: --

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: -- Date of

Where did injury occur? -- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): --

Means of injury: -- Injured at work?

23. SIGNATURE: V. J. COVALESKY, M.D., Actg. Clin. Director
M. D. or other

Address: VAH, Perry Point, Md. Date signed: 11-25-46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (73-d)

CERTIFICATE OF DEATH

★ 10968

Reg. Dist. No. 96

1. PLACE OF DEATH:

County CECIL

City or town PERRY POINT, MARYLAND
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 yrs. 7 mos. 29 days

Hospital, institution, or street address where death occurred:
Veterans Administration Hospital
Perry Point, Md.

How long in hospital or institution? Since summer of 1943

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State D.C. County

City or town Washington
(If outside city or town limits, write RURAL and give nearest town)

Street No. 1306 S Street, N.W., Wash., D.C.
(If rural, give LOCATION)

2.(a) If veteran, name war WW-I

3. (a) FULL NAME

SYPHAX, Ennis G.

3. (b) Social Security Number

U 578-05-2453

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	negro	Widower

6.(b) Name of husband or wife Carrie Syphax

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) November 27, 1880

8. AGE: Years	Months	Days	If less than one day
66	0	3	..... hrs. ..... min.

9. Birthplace Arlington, Va.
(Town, county, and state)

10. Usual occupation Unknown

11. Industry or business

FATHER 12. Name Ennis G. Syphax - deceased

13. Birthplace Unknown

MOTHER 14. Maiden name Emma Gray - deceased

15. Birthplace Unknown

16. Informant Hospital records, VA Hospital, Perry Point, Maryland

Address

17. Removal Date thereof Dec. 1, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Arlington National Cemetery

Location Fort Myer, Va.

18. Funeral director Robert S. McGuire
McGUIRE FUNERAL SERVICE

Address 1820 - 9th Street, N.W., Washington, D.C.

19. Dec 1 1946 Irma E. Hamby
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 30 19 46 at 1:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 31 19 44, to Nov. 30, 19 46 and that I last saw him alive on November 30 19 46

Immediate cause of death	DURATION
Disease of the heart, arterio-sclerotic	Over 2 yrs.
Due to	
Due to	
Other conditions	
Rectal abscess	Unknown

(Include pregnancy within 3 months of death)

Major findings of operations --

Date of op.

Autopsy results --

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide -- Date of

Where did injury occur? -- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) --

Means of injury Injured at work?

23. SIGNATURE V.J. COVALESKY, M.D., Actg. Clin. Director M.D. or other

Address VAH, Perry Point, Md. Date signed 12-1-46

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (45-f)

CERTIFICATE OF DEATH

16969

Reg. Dist. No. 92 0

1. PLACE OF DEATH:

County Cecil

City or town Elkton Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 49 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Cecil

City or town Elkton Md

(If outside city or town limits, write RURAL and give nearest town)

Street No. 122 Collins

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME James Clarence Thompson

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Col.	Married

6.(b) Name of husband or wife Clara Thompson

6.(c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) Sept. 15, 1874

8. AGE: Years 72 | Months | Days | If less than one day ... hrs. ... min.

9. Birthplace Va. (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name Richard Thompson

FATHER 13. Birthplace Va.

MOTHER 14. Maiden name Unknown

MOTHER 15. Birthplace "

16. Informant Martha Dorsey

Address 226 E. High St. Elkton Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 14 1946 (month) (day) (year)

Cemetery or crematory Providence Cemetery

Location Elkton Maryland

18. Funeral director Edw. R. Bell

Address 909 Poplar St. Wilmington Del.

19. Nov 14 1946 (Date rec'd by registrar) F. R. Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 11, 1946, at 8:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 5 1946, to Nov. 11, 1946

and that I last saw h.. alive on Nov. 11, 1946

Immediate cause of death	DURATION
Carcinoma of Throat	3 mo.
Due to	
Due to	
Other conditions Secondary Anemia.	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James L. Johnson M.D. M. D. or other

Address 232 E. High St. Elkton Md. Date signed 11/13/46

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

94a

CERTIFICATE OF DEATH

10970

Reg. Diat. No. 960

1. PLACE OF DEATH:
County: Cecil
City or town: Perryville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Cecil
City or town: Perryville
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Joseph C. White

3. (b) Social Security Number None.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) May 16, 1915

8. AGE: Years 31 | Months 6 | Days 0 | If less than one day ..... hrs. ..... min.

9. Birthplace Somerset Co., Md.
(Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Joseph B. White
13. Birthplace Somerset Co., Md.

MOTHER
14. Maiden name Beulah L. Todd
15. Birthplace Dorchester Co., Md.

16. Informant Joseph B. White
Address Perryville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 19 1946 (month) (day) (year)

Cemetery or crematory Principio
Location Principio Furnace, Md.

18. Funeral director Lee A. Patterson
Address Perryville, Md.

19. Nov. 19 1946 Irene E. Daugherty
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 16 1946, at 6 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Acute	
Coronary	
Due to Thrombosis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op.....

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, Industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE R. LeDoctor M.D. Medical Examiner
Cecil County
M. D. or other
Address Elkton, Md. Date signed 11/16-46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1-3

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

★1971

Reg. Dist. No. 96

2

1. PLACE OF DEATH:
County CECIL
City or town Veterans Administration, Perry Point, Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 5 mos. 21 days
Hospital, institution, or street address where death occurred:
Veterans Administration, Perry Point, Md.
How long in hospital or institution? Unknown

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Alabama County
City or town Gadsden
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war Unknown

3.(a) FULL NAME
WILLIAMS, Joseph A.

3.(b) Social Security Number
Unknown

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	Married

6.(b) Name of husband or wife Mrs. Theresa Williams
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) March 2, 1889

8. AGE: Years	Months	Days	If less than one day
57	8	0	..... hrs. ..... min.

9. Birthplace Long Island, N.Y.
(Town, county, and state)
10. Usual occupation Unknown
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown

16. Informant Hospital Records
Address Veterans Administration, Perry Point, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 9, 1946 (month) (day) (year)
Cemetery or crematory Angel Hill Cemetery
Location Havre de Grace, Maryland

18. Funeral director Pennington & Son
Address PENNINGTON & SON, Havre de Grace, Md.

19. Nov 8 1946 (Date rec'd by registrar) Irene E. Daugherty Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 2, 1946 at 4:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 13 1946 to Nov. 2 1946 and that I last saw him alive on November 2 1946

Immediate cause of death	DURATION
Hemorrhage of cerebral vessel	15 Min.
Due to	
Due to	
Other conditions Right hemiplegia with residuals of cerebral accident; general arteriosclerosis (Include pregnancy within 3 months of death)	Unknown

Major findings of operations --
Date of op.
Autopsy results --
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide -- Date of
Where did injury occur? -- (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) --
Means of injury -- Injured at work?

23. SIGNATURE A. E. Trollinger
A.E. TROLLINGER, M.D., Clinical Director
M. D. or other
Address Veterans Administration Perry Point, Md. Date signed 11-6-46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

Reg. Dist. No. 10972 960

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Cecil

City or town Rural Rising Sun
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 64 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Cecil

City or town Rural
(If outside city or town limits, write RURAL and give nearest town)

Street No. Rising Sun, Md.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Ralph Thomas Wilson

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	Married

6.(b) Name of husband or wife Isabel C. Wilson

6.(c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) November 7, 1882

8. AGE: Years	Months	Days	If less than one day
64	0	4	hrs. min.

9. Birthplace Rising Sun, Cecil, Maryland.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Own Farm

FATHER 12. Name Thomas J. Wilson

13. Birthplace Delaware

MOTHER 14. Maiden name Adeline Kirk

15. Birthplace Rising Sun Md.

16. Informant Isabel C. Wilson

Address R. D. 1 Rising Sun, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 14, 1946 (month) (day) (year)

Cemetery or crematory Brookview Cemetery

Location Rising Sun, Maryland.

18. Funeral director Lee C. Patterson & Son

Address Perryville, Md.

19. Nov 14 1946 (Date rec'd by registrar) Irene E. Dunphy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 11 1946, at 3:15 P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 10/1 1946 to 11/11 1946 and that I last saw h. living alive on 11/11 1946

	DURATION
Immediate cause of death Coronary Embolism	Instant
Due to Coronary Disease	3 yrs
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C. S. Holcomb M.D. M.D. or other

Address Rising Sun Md. Date signed Nov 12

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (17)

CERTIFICATE OF DEATH

10973

Reg. Dist. No. 920

1. PLACE OF DEATH:

County: Cecil

City or town: Elkton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 days

Hospital, institution, or street address where death occurred: Union Hosp. Elkton Md

How long in hospital or institution? 4 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Cecil

City or town: Chesapeake City

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Alvin Wright

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Single

6.(b) Name of husband or wife: –

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): May 16 1884

8. AGE: Years: 62 | Months: 6 | Days: 14 | If less than one day: hrs. min.

9. Birthplace: Chesapeake City Cecil Md (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business

FATHER 12. Name: Charles Wright

13. Birthplace: Cecilton Maryland

MOTHER 14. Maiden name: Annie Mercer

15. Birthplace: St Augustine Md

16. Informant: George N. Wright

Address: 3414 Market St Wilmington Del

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov 30 1946 (month) (day) (year)

Cemetery or crematory: Manor Cemetery

Location: Chesapeake City RD

18. Funeral director: H. W. Pippin

Address: Elkton Md

19. Nov 30 19 46 (Date rec'd by registrar) F R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 26 19 46, at 6:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....

and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Pneumonia	
Due to: Cerebral Embolism	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: ..... Injured at work?

23. SIGNATURE: C. L. Rodgers M.D. Medical Examiner for Cecil County

M. D. or other

Address: Elkton Md Date signed: 11-26-46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M